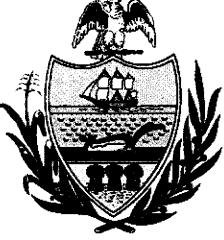


EXHIBIT P

 <p style="text-align: center;">ALLEGHENY COUNTY BUREAU OF CORRECTIONS</p>	APPLICABILITY: All Authorized Personnel	
	POLICY NUMBER: #14	DATE: December 17, 2013 REVISED: October 21, 2015
	TITLE: SUICIDE PREVENTION and INTERVENTION	
	AUTHORIZED BY: ORLANDO L. HARPER SIGNATURE: <i>Orlando L. Harper</i>	

POLICY:

It is the policy of the Allegheny County Bureau of Corrections to provide a safe and secure environment, to preserve life, to prevent injury and to respond appropriately to special management needs of inmates.

PURPOSE:

To provide policy and procedures for suicide prevention and management of inmates in the custody of the Allegheny County Bureau of Corrections and who are potentially at risk for suicide or self-harm.

Definitions:

- 1. Actively Suicidal:** An inmate determined by a medical or mental health professional to be in imminent danger of committing suicide because of a recent suicide attempt, a verbalized threat to commit suicide, or other suicide risk indicator.
- 2. Critical Suicide Attempt:** Any incident in which an inmate's suicide attempt results in an emergency medical hospitalization or psychiatric hospitalization.
- 3. Clinical Restraints:** A therapeutic intervention initiated by medical or mental health staff to use devices designed to safely limit a patient's mobility in a crisis due to physical or mental illness.
- 4. Critical Incident Briefing:** A process whereby individuals are provided an opportunity to express their thoughts and feelings about a critical incident (e.g. suicide, serious injury or death of an inmate or employee), develop an understanding of critical stress symptoms and develop ways of dealing with those symptoms.
- 5. Lethality:** The relative probability of an inmate committing suicide, measured in severity on a low-risk continuum.

6. **Medical Staff:** Licensed health professionals who are employed by or contracted by the Allegheny County Bureau of Corrections are responsible for providing medical services to inmates (e.g. physicians, physician assistants, nurses).
7. **Mental Health Staff:** Individuals whose primary duty is to provide mental health services to inmates in keeping with their respective levels of education, experience, credentials and training.
8. **Observation Bed/Cell:** Are designed for medical or mental health observation for specific purposes, such as watching the patient's response to a change in medication regimen. Patients also can be placed in observation beds to prevent them from eating or drinking before a medical test that requires such restriction, to allow patients to recover from day surgeries or medical procedures or to watch the general behavior of inmates whose mental stability appears questionable.
9. **Potentially Suicidal:** Inmates are not actively suicidal but express suicidal ideation and/or have a recent history of self-destructive behavior.
10. **Psychological Autopsy (Psychological Reconstruction):** Usually conducted by a psychologist or other qualified mental health professional, it is a written reconstruction of an individual's life with emphasis on factors that may have contributed to the death.
11. **Qualified Health Care Professional:** Include physicians, physician assistants, nurses, nurse practitioner, dentists, mental health professionals and others who by virtue of their education, credentials and experience are permitted by law to evaluate and care for patients.
12. **Qualified Mental Health Professionals:** Include psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.
13. **Suicide Attempt:** A non-fatal self-inflicted destructive act with explicit or deferred intent to die.
14. **Suicide Observation:** A measure utilized for the inmate who, though suicidal, is not thought to require continuous observation. Inmates on close observation may be housed in an observation bed/cell and observed at staggered intervals that do not exceed (15) minutes.
15. **Suicide Watch:** A measure utilized for the inmate who is actively suicidal. Inmates on constant observation are housed in an observation bed/cell that

allows continuous observation without interruption with documentation every (15) minutes.

- 16. Suicide Watch Paraphernalia:** Items which may be issued to inmates on suicide watch are especially designed so as to be relatively indestructible and less likely to be used to harm self. Such items include suicide garment, safety blankets and safety mattresses that have been approved by the Mental Health Director.
- 17. Suicidal Ideation:** Thoughts of harming or killing oneself. The severity of a suicidal ideation can be determined by assessing the frequency, intensity and duration of these thoughts.
- 18. Emergency Referral:** Referral to mental health due to an affirmative answer to four or more questions on the Inmate Mental Health Screening, a feeling of hopelessness, current thoughts of killing self, or to a suicide attempt in the past six months, or any other situation where mental health assessment is required in four hours or less.
- 19. Urgent Referral:** Referral to mental health that does not meet the criteria for an emergency (i.e. an inmate that has no mental health history, but requests to see mental health). This is a situation where mental health assessment is required in 24 hours or less.

SECTION 1: PROGRAM OBJECTIVE:

The suicide prevention program shall include, but not be limited to:

1. **Training:** Allegheny County Bureau of Corrections authorized personnel, who work with inmates, shall, prior to work assignment within the Allegheny County Bureau of Corrections, receive Pre-Service orientation to recognize verbal and behavioral clues that indicate a potentially suicidal inmate and how to respond appropriately. All authorized personnel will be trained annually in suicide prevention and intervention.
2. **Identification:** The medical contractor shall administer a mental health screening for newly admitted inmates to include an interview and observation related to the inmate's potential suicide risk. If any employee identifies someone who is potentially suicidal or self-harming, authorized medical staff shall place the inmate on an appropriate observation status and ensure the inmate receives further mental health intervention as set forth in this directive.

3. **Monitoring:** Procedures specify monitoring when an inmate is identified as having increased risk for suicidal or self-harming behaviors.
4. **Referral:** Employees shall refer potentially suicidal inmates and inmates who have attempted suicide to mental health care providers in the time frame set forth in this directive.
5. **Evaluation:** Qualified mental health professionals shall evaluate the inmate to determine the inmate's level of suicide risk and the appropriate response.
6. **Housing:** Procedures that address placing an inmate in the mental health unit, Medical Unit or off-site hospitalization.
7. **Communications:** Procedures are prescribed for the communications process between medical, mental health and correctional employees for implementation of the suicide prevention program.
8. **Intervention:** Procedures are prescribed for handling a suicide attempt or self-harming behavior that is in progress, including appropriate first-aid measures.
9. **Notification:** Procedures are prescribed for notifying Allegheny County Bureau of Corrections' managers, outside authorities and family members regarding potential, attempted and completed suicides.
10. **Reporting:** Procedures require specific documentation upon identification of potential or attempted suicide, for subsequent monitoring and for reporting a completed suicide.
11. **Review:** Procedures require a clinical and administrative quality management review following a serious suicide attempt, self-injurious behavior or completed suicide.
12. **Critical Incident Debriefing:** Procedures require critical incident debriefing to discuss the incident and impacted personnel and inmates.

SECTION 2: RESPONSIBILITIES:

1. Correctional Officers will provide close and constant observation of inmates on suicide watch.
2. The mental health professionals, physicians, nurses and designated clinical staff shall have experience or specialized training in correctional practices to include risks specially presented in a correctional environment.
3. Clinical decisions are the sole province of the responsible clinicians and shall not be countermanded by non-clinicians.

4. The quality management performance indicators shall be developed and implemented on a continuous basis by the contractor's mental health provider in concert with Allegheny County Bureau of Corrections' approval.
5. The Allegheny County Bureau of Corrections management team shall provide oversight for the suicide prevention program through monitoring compliance with local regulations and procedures as set forth in the contractual agreement.
6. To facilitate instructional security and discourage suicide attempts, inmates shall be prohibited from obstructing the view of their cells or living quarters. Each inmate shall be visible during routine security checks.
7. Employees who regularly work with inmates shall be trained to identify the warning signs and symptoms of potentially suicidal behavior, to effectively coordinate security and treatment procedures between correctional and health care personnel, to define procedures for suicide watches and suicide precaution and to monitor inmates who have made a suicide attempt.
8. Correctional employees shall be trained in the application of medical restraints. Medical restraints are made of soft leather or polyurethane and are deliberately applied on an emergency basis to immobilize the limbs of persons who are at risk to injure themselves or others.

SECTION 3: QUALITY ASSURANCE:

The Allegheny County Bureau of Corrections will develop a Suicide Prevention and Intervention Improvement Team and the medical contractor mental health provider shall chair this team.

1. This team shall consist of, but may not be limited to, representatives from Allegheny County Bureau of Corrections' management team, security, medical contractor, mental health clinicians.
2. The Suicide Prevention Team shall meet at least every quarter to identify opportunities for continued improvement, design quality improvement monitoring activities, discuss the results, and implement corrective actions including policy and operational changes.
3. This team will discuss all suicide attempts and suicides to determine corrective measures.

SECTION 4: INTAKE MENTAL HEALTH SCREENING:

1. An intake nurse shall, during the health screening, review the inmate's medical record and interview the inmate to determine if the inmate has a history of suicide behavior, suicide gestures or self-destructive activities, and review the inmate's emotional response to incarceration and intellectual functioning (i.e., mental retardation, developmental disability, learning disability).
2. When an inmate responds affirmatively to any four (4) or more questions on the Inmate Mental Health Screening, or has a feeling of helplessness or hopelessness, current thoughts of killing self or attempted suicide in the past six (6) months, the inmate shall receive further mental health assessment.
3. Mental Health Screening shall include the following inquiries:
 1. Do you have any current mental health complaints? No or yes
 2. Do you have a history of a mental health problem? Yes-Complete Section1 / No- Proceed to Section2

Section 1

1. Have you ever been diagnosed with a mental illness: schizophrenia, major depression, bipolar, other
2. History of outpatient therapy; within a year
3. History of psych hospitalization; within a year
4. History of psychotropic medication(s)
5. History of hearing things
6. History of seeing things

Section 2

1. History of suicide attempts
2. Are you thinking of suicide now
3. Family/friends history of suicide
4. Recent significant loss
5. Do you feel like there is nothing to look forward to (hopeless/helpless)
6. Have you ever hurt yourself on purpose
7. Are you thinking of hurting yourself now
8. Are you thinking of hurting others now

Section 3

1. Ever hospitalized for head trauma
2. History of violent behavior
3. History of victimization
4. History of sex offenses
5. Special education; developmental disability; mental retardation

SECTION 5: MENTAL HEALTH ASSESSMENT:

1. When the inmate answers "yes" to any of the above screening queries, medical staff shall refer the inmate for further mental health assessment as set forth in this section.
2. A licensed mental health professional shall evaluate any inmate referred for a more comprehensive assessment.
3. Emergency Referral:
 - a) "Within four (4) hours or less of a referral, a qualified mental health professional shall retrieve the referral form and conduct the mental health assessment when the inmate has answered "yes" to any question indicated above."
 - b) The inmate shall not be moved from the Intake Area to any housing unit or intake cell until a qualified mental health professional has completed the mental health assessment and made a housing placement determination as described in this section.
4. Urgent Referral: Within 24 hours of referral, a qualified mental health professional shall retrieve the referral form and conduct the mental health assessment (Urgent).
5. Based upon the results of the comprehensive mental health assessment, a licensed mental health clinician may take one of the following listed actions. Licensed clinicians shall include Mental Health Nurse, Independent Clinical Social Worker (LICSW), Licensed Graduate Social Worker (LGSW), Licensed Professional Counselor (LPC) Physician Assistant (PA), Psychiatrist and Physician (MD).
 - a) Clear the inmate for general population placement.

- b) Clear the inmate for general population placement with appropriate referral to mental health care services for on-going counseling and treatment.
 - c) Order the inmate's placement in the mental health unit or in an observation/safe cell for a continuum of mental health care.
 - d) Order the inmate's placement on close observation and or suicide watch or refer the inmate to appropriate mental health care for emergency treatment.
6. Notification to Psychiatrist:
- a) The clinician shall consult with the attendant or on-call Psychiatrist, or designee within one hour of ordering Close Observation or suicide watch.
 - b) The Psychiatrist or designee shall conduct a face-to-face interview with the affected inmate within 24 hours.
7. Mental Health Unit Placement:
- a) When an inmate is placed in a mental health unit/cell, the clinician shall notify the Psychiatrist or designee within one (1) hour of placement.
 - b) The Psychiatrist or designee shall conduct a face-to-face interview with the inmate within 24 hours.

SECTION 6: OBSERVED BEHAVIOR – GENERAL POPULATION:

1. There are varying degrees of increased risk potential for suicidal and other deliberate self-injurious behavior. As appropriate, licensed mental health clinicians may recommend a variety of clinical interventions which may include, but are not limited to, placing the inmate on Close Observation or Suicide Watch to a cell change, increased observation or interaction with the inmate, or referral for psychotropic medication evaluation or both.
2. Newly committed inmates may be at increased risk of committing suicide and the first few hours and days after admission can be critical. Detoxing from drugs or alcohol increases the risk. For this reason, all detoxing inmates will be double celled and remain on that pod until 24 hours after detox is complete. If the inmate is PC or DHU status and cannot be double-celled, the Clinical Services Coordinator will be contacted to determine appropriate housing in one of the specialty units. When possible, all newly committed inmates will be double-celled.

3. However, a serious suicidal crisis may occur at any time. Pod Officers are often the first to identify signs of potential suicidal behavior because of their more frequent observations of inmates.
4. Employees shall refer inmates to the contractor's Mental Health Director, Mental Health Nurse or Licensed Social Worker when observing signs of potential suicide or other unusual behavior such as:
 - a) Talk of suicide.
 - b) Leaving suicidal notes.
 - c) Giving away possessions.
 - d) The inmate is acting and/or talking in a strange manner (cannot focus attention; hearing or seeing things that are not there).
 - e) The inmate appears overly anxious, panicked, or afraid.
 - f) The inmate shows signs of depression (crying, emotional flatness).
 - g) There are sudden changes in behavior to obtain needed attention.
 - h) The inmate appears unusually calm after a period of agitation (having a flat affect and/or refusing to communicate, often the decision to attempt suicide has now been made).
 - i) The inmate is expressing unrealistic talk of release or talking about plans to escape.
 - j) The inmate is engaging in unusual behavior as a cry for help or to obtain needed attention.
 - k) There are other signs of distress: deterioration in hygiene or sudden changes in behavior.

5. Correctional employee shall complete scheduled and unscheduled rounds in accordance with Allegheny County Bureau of Corrections' policy, but not less than one (1) hour in all pods. Employee shall log accurate information of observation made while making rounds. This is important information to help determine changes in an inmate's behavior. Employees shall also prepare an Incident Report when observing significant changes in behavior or statements reflected above.
6. Employees shall take seriously all threats to self-injure and suicide attempts or information from other inmates about an inmate exhibiting potential suicidal and/or self-injurious behavior.
7. Correctional employees shall immediately notify a mental health professional and the shift commander if an inmate is observed displaying signs of potential suicidal behavior.
8. Correctional employees shall maintain a constant watch, to ensure the inmate's safety until mental health employees arrive.
9. Upon notification, the mental health professional depending upon the severity of the observation shall respond within 15 minutes if deemed emergency or one (1) hour, if deemed a non-emergency, as defined by the clinician, to evaluate the inmate.
10. The mental health professional may take appropriate clinical intervention as outlined above, when determining that the inmate is at risk to harm himself or others, or in need of more intense or acute mental health intervention.
11. The licensed mental health clinician or designated mental health nurse (RN), who admits the inmate, shall complete a Mental Health Admission Form and the actions taken prior to the end of his/her shift. The admission form shall document findings relative to the inmate's suicide risk as Close Observation or Suicide Watch, actions taken to address the suicide concern and safety of the inmate, demographic information and any other relevant information including referrals for care and management.

SECTION 7: OBSERVED BEHAVIOR-SEGREGATION HOUSING:

1. Prior to placement in any segregated housing unit, inmates shall receive medical clearance and a mental health screening by a mental health nurse or Licensed Practitioner prior to, or within 24 hours of, segregation placement.

2. Segregated inmates may be at a higher risk for potential suicidal behavior. Any segregated inmate presenting observed behavior defined in this directive or presenting suicidal gestures or threats may be at an increased risk for potential suicide attempts.
3. Protective Custody (PC):
 - a) Inmates, who request PC without a documented reason, especially during the first 72 hours of admission, may be at increased risk for suicide.
 - b) Inmates housed in PC for extended periods, including those with long sentences, may also be at increased risk for suicide.
 - c) Inmates taking psychotropic medication may be at increased risk for suicide depending on their mental illness and their risk factors and may refuse, hoard or not take their medications.
4. If employees observe the inmate displaying signs of distress, deterioration in hygiene, sudden changes in behavior or potential suicidal behavior, the employee shall continuously observe the inmate to ensure the inmate's safety and shall immediately notify a medical or mental health professional and the shift commander. Employees shall document the behavior observed and action taken to include notification made in an Incident Report.
5. Upon receiving notification of an inmate displaying signs of potential suicidal behavior, the contractor's mental health professional shall respond to the housing unit within 15 minutes.
6. The contractor's mental health professional shall take appropriate clinical interventions as outlined in this policy when determining that the inmate is at risk to himself or others or in need of more intensive or acute mental health intervention.
7. Rounds by mental health staff shall be conducted three (3) times per week to identify inmates expressing or reporting increased risk of harm to self or deterioration in mental status.

SECTION 8: SUICIDE SECURITY INSPECTIONS FOR CLASSIFICATION PODS:

- A. Suicide inspections are the responsibility of correctional officers.
- B. There will be two (2) correctional officers assigned to our classification pods.

- C. These correctional officers shall make security inspections at irregular intervals every fifteen (15) minutes to ensure inmates are not attempting to commit suicide and are not in medical distress.
- D. All suicide security inspections shall be notated in the pod logbook.
- E. Any emergent situation requires that immediate notifications be made to supervisory staff.
- F. Life saving measures will be taken by correctional officers if needed.

SECTION 9: USE OF FORCE:

Correctional officers may, in accordance with the Use of Force Policy, physically restrain an inmate to prevent the inmate from self-injury, injury to others, damage or destruction of property and to control violent behavior.

SECTION 10: MEDICAL RESTRAINTS:

Medical restraints shall only be used in the following manner:

- a) Only a Psychiatrist, Physician or Mental Health Nurse Practitioner/Physician Assistant shall assess and, after determination that less restrictive interventions are effective, issue a written order to use restraints necessary to prevent serious injury to the inmate or others.
- b) Medical restraints shall never be ordered or otherwise applied as a means of coercion, discipline, convenience or retaliation.
- c) The Mental Health Nurse Practitioner/Physician Assistant order may only be in effect for up to a four (4) hour duration for adult inmates and up to two (2) hours for inmates ages seventeen (17) years or younger.
- d) Within one (1) hour of the application of restraints, a Mental Health RN shall conduct a face-to-face observation of the inmate to evaluate the need for continued restraint.
- e) As deemed clinically necessary, the Mental Health RN may contact the Psychiatrist, Physician or Mental Health Nurse Practitioner/Physician Assistant who gave the initial order for restraints to request a renewal of the original order for up to another four (4) hours for an adult or for an additional two (2) hours for a person who is seventeen (17) or younger.
- f) Inmates placed in medical restraints shall only be placed in a face-up position.

- g) The Mental Health Nurse RN, or designee, shall assign nursing staff to provide constant observation of an inmate in medical restraints.
- h) In reference to NCCHC standard 2008 J-I-01: “ **With regard to custody – order restraints**”:
 - a. When restraints are used by custody staff for security reasons, health services staff are notified immediately in order to: (1) review the health record for any contraindications or accommodations required, which, if present, are immediately communicated to appropriate custody staff, and (2) initiate health monitoring, which continues at designated intervals as long as the inmate is restrained.
 - b. If the restrained inmate has a medical or mental health condition, the physician is notified immediately so that appropriate orders can be given.
 - c. When health services staff note improper use of restraints that is jeopardizing the health of an inmate, they communicate their concerns as soon as possible to appropriate custody staff.”

SECTION 11: TERMINATION OF MEDICAL RESTRAINTS:

Except in the event of a medical emergency for the inmate, only a Psychiatrist, Physician or Mental Health Nurse Practitioner/Physician Assistant shall determine when an inmate shall be released from medical restraints.

SECTION 12: NON-EMERGENCY TRANSPORT:

Health care staff shall coordinate with the Shift Commander and transportation staff about appropriate security precautions to observe when transporting a suicidal inmate to a medical facility outside the Allegheny County Bureau of Corrections. Health care staff shall advise the Shift Commander and transportation officers about concerns regarding the following:

1. Adding additional officers to the transport detail to manage security concerns.
2. Using correctional officers with special training in working with mentally ill inmates.
3. Using appropriate restraints
4. Identifying medical precautions for staff and inmates, such as face mask, glove etc.

Correctional Officers shall provide custodial security and supervision of a suicidal inmate during transport to a facility outside the Allegheny County Bureau of Corrections and while the inmate undergoes treatment (Please Note: transport to Torrance State Hospital and Western Psychiatric Clinic is provided by the Allegheny County Sheriff's).

An inmate returning from emergency psychiatric hospitalization and or emergency medical treatment due to suicidal behavior shall be evaluated by a licensed mental health provider. Mental health staff shall, within one (1) hour of the inmate's arrival back to the Allegheny County Bureau of Corrections, conduct a comprehensive mental health assessment to determine housing.

SECTION 13: SUICIDE WATCH AND SUICIDE PRECAUTION:

- A. A Physician, licensed mental health professional or other clinician may place an inmate on Close Observation or Suicide Precaution. The referring provider shall consult with the on-call Psychiatrist, Physician or Mental Health Practitioner/Physician Assistant within one (1) hour of taking this action and the Psychiatrist or Mental Health Practitioner/Physician Assistant shall conduct a face-to-face interview with the inmate within twenty four (24) hours.
- B. Observation Beds/Cells:
 - 1. Observation beds/cells are located on the Inpatient Mental Health Unit.
 - 2. An observation bed/cell shall not contain electrical switches or outlets, towel racks, desk, sinks, radiator vents or any other fixture that could be used as an anchoring device for hanging.
 - 3. The bed/cell shall allow a full and clear line of sight and sound of the inmate.
 - 4. The observer and the suicidal inmate shall not be in the same cell and shall have a locked door separating them.
 - 5. The observer shall have a means to summon help immediately if emergency intervention becomes necessary.

Close Observation:

- 1. Correctional Officers shall physically observe each inmate on close observation at staggered intervals of no more than every fifteen (15) minutes.
- 2. Correctional Officers shall document each physical observation and the inmate's activities as they occur in the unit logbook.

C. Suicide Watch is a precautionary measure used when the inmate presents a higher risk of suicide than determined for those placed on Suicide Precautions:

1. Correctional Officers shall be designated to conduct and document their constant observation of the inmate and his/her activities.

Security Requirements for Suicide Watch and Close Observation:

1. The Shift Commander shall ensure that the inmate is strip searched and all restricted items are confiscated.
2. The inmate shall be placed in a suicide gown.
3. The clinician may order other precautions such as safety blankets and safety mattresses.
4. The Pod Officer shall inspect the designated observation bed/cell to remove any unauthorized items before placing the inmate in the observation bed/cell.
5. The inmate may keep only those items prescribed by mental health.
6. Inmates who are on placed Suicide Status are to have their cells searched daily by the pod officer and assigned unit manager. Searches are to be conducted on the 7x3 and 3x11 shifts and are to be documented in the Shift Commanders Report.

Termination of Suicide Watch or Suicide Precautions:

1. Only a Psychiatrist, Mental Health Nurse Practitioner/Physician Assistant shall authorize a downgrade from Suicide Watch to Close Observation for a reasonable period prior to the termination of the Suicide Watch. A Psychiatrist or Nurse Practitioner's approval to terminate Suicide Watch shall be provided in person or through a documented verbal order.
2. Only a Psychiatrist, Mental Health Nurse Practitioner/Physician Assistant shall approve termination of Suicide Watch status for an inmate. A Psychiatrist approval to terminate Suicide Watch shall be provided in person or through a documented verbal order. The Psychiatrist order shall include clinical recommendations for appropriate housing as well as an order for follow-up care within seventy two (72) hours.
3. The Mental Health Nurse or designee shall ensure that the termination of an inmate's Suicide Watch status is documented in the inmate's medical record.

Documentation shall also include name, date, time and specific instructional remarks.

SECTION 14: SUICIDE ATTEMPTS:

1. The medical health contractor shall respond to all medical emergencies, including those involving inmates, Allegheny County Bureau of Corrections and contract employees.
2. Any employee, who discovers a possible suicide attempt, an individual who is unresponsive or an inmate who appears ready to inflict self-harm, shall immediately call for a medical emergency.
3. Employees shall also take reasonable care as the inmate may act unpredictably and may become violent. The employee shall take necessary and appropriate action to preserve the affected inmate's life, including emergency CPR when needed.
4. As practical, correctional officers shall lock down all inmates or ensure they are moved away from the area and are well supervised before attempting intervention.
5. Contractor's health services employees and additional correctional employees are expected to respond to the emergency within four (4) minutes or less.
6. Upon arrival, medical employees shall assess the inmate's condition to determine if the inmate requires emergency transportation; the nurse or designee shall call 9-1-1.
7. If the inmate is already in the medical unit, medical employees shall directly notify 9-1-1 when the inmate requires emergency medical care and transport.

SECTION 15: HANGING:

An employee who discovers an inmate hanging shall:

- a) After surveying the scene and calling for help and for medical assistance, the employee who discovers the hanging inmate shall attempt to reduce tension on the inmate's neck by supporting the inmate by the legs while the inmate is facing the employee.
- b) Upon arrival of additional staff, the first employee on the scene shall continue to support the inmate body while the second officer shall use the rescue tool

(wonder knife) to cut the inmate down. The employee shall immediately remove the noose from around the inmate's neck.

- c) Allegheny County Bureau of Corrections' employees are trained in Cardiopulmonary Resuscitation (CPR) First Aid. As such, correctional employees shall immediately initiate CPR and/or First Aid, as appropriate, until medical staff relieves the employee. An employee shall immediately start CPR/First Aid and never wait for medical staff to arrive before starting life saving measures.
- d) Upon arrival, the contractor health service providers shall assume medical care and decisions and shall continue CPR and other life saving measures while instructing that 9-1-1 is called.
- e) The contractor's Physician, Nurse Practitioner or Physician Assistant or nurse remains the authorized medical authority as it relates to any patient emergency care or decisions until 9-1-1 arrives.

SECTION 16: INMATE DEATH:

- 1. If the contractor's Physician, Nurse Practitioner, or Physician Assistant determines through assessment of the victim that all the clinically accepted signs and symptoms of death are present and that the victim is clinically dead and beyond being revived, the contractor's Physician may order the CPR be ceased and may pronounce death.
- 2. Upon pronouncement of death, the site shall then be treated as a crime scene and evidence preserved.

SECTION 17: EVIDENCE PRESERVATION:

Sites where an inmate has attempted or successfully committed suicide shall be treated as a crime scene in the following manner:

- 1. The initial response pursuant to guidelines set forth in this directive in order shall be to preserve life and control witnesses.
- 2. Integrity of the Physical Site. An Allegheny County Bureau of Corrections supervisor shall ensure:
 - a) The area is partitioned with a barrier in order to control access and to avoid contamination of evidence.
 - b) Employees and other inmates do not touch or move items

- c) Employees and other inmates do not touch or move the deceased inmate
- d) Correctional employees shall wait for the County police crime scene technicians to process the crime scene.

SECTION 18: NOTIFICATION FOLLOWING A SUICIDE OR SUICIDE ATTEMPT:

The Shift Commander shall ensure that notifications are made as quickly as possible through the Chain of Command to include the Warden and the Internal Affairs Office and all staff that came into contact with the victim before the incident shall be required to submit a statement including their full knowledge of the inmate and incident.

SECTION 19: AFTER ACTIONS REVIEW:

Following a suicide or attempted suicide that resulted in an emergency medical response/correctional response, the Suicide Prevention and Intervention Team (SPIT) shall meet within seven (7) days.

The team shall comprise of the following:

1. Health Service Administrator
2. Deputy Wardens
3. Psychiatrist
4. Mental Health Staff
5. Majors

This team shall meet and prepare a written report to the Warden that shall include, but not be limited to:

1. A summary of significant information resulting from the team review and OIA investigation
2. A report of events as they occurred
3. The team's analysis and conclusions of the events
4. Recommendations for policy and operational improvements

A preliminary report of the team's findings based on the criteria listed above shall be submitted to the Warden no later than seventy two (72) hours after the initial SPIT meeting.

SECTION 20: CRITICAL INCIDENT DEBRIEFING:

1. Following a suicide or suicide attempt, trained contractor mental health employees, as authorized by the contractor's Director of Mental Health, shall conduct critical stress debriefing and crisis intervention for staff and inmates who witnessed or were involved in the suicide incident.
2. Each inmate or employee who witnessed or was involved in a suicide incident shall be provided access to mental health counseling via the mental health clinician. The Deputy Warden for Operations shall ensure that employees are aware of the availability of this service.
3. The Employee Assistance Program shall also assist Allegheny County Bureau of Corrections employees who need additional counseling beyond the sessions provided by the critical stress debriefing team.